Global multimorbidity: a cross-sectional study of 28 countries using the World Health Surveys, 2003

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Background

Multimorbidity defined as the ''the coexistence of two or more chronic diseases'' in one individual, is increasing in prevalence globally. The aim of this study was to compare the prevalence of multimorbidity across middle-income countries (MICs) and high-income countries (HICs), and investigate patterns by age and socio-economic status (SES).

Methods

Chronic disease data from 28 countries of the World Health Survey (2003) were extracted and inter-country socio-economic differences were examined using gross domestic product (GDP). Regression analyses were applied to examine associations of SES with multimorbidity by region adjusted for age and sex distributions.

Results

The mean world standardized prevalence was 7.8% (95% CI = 7.79–7.83). In all countries, multimorbidity increased significantly with age. A positive but non–linear relationship was found between country GDP and multimorbidity prevalence. Trend analyses of multimorbidity by SES suggest that there are intergenerational differences, with a more inverse SES gradient for younger adults compared to older adults. Higher SES was significantly associated with a decreased risk of multimorbidity in the all-region analyses.

Conclusion

Multimorbidity is a global phenomenon, not just affecting older adults in HICs. Policy makers worldwide need to address these health inequalities, and support the complex service needs of a growing multimorbid population.

Key messages

- National multimorbidity prevalence estimates are positively associated with GDP per capita, although the relationship is non-linea.
- Higher socioeconomic status is associated with a decreased risk of multimorbidity in the all-region analyses